

REC'D APR 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10735
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 247
(b) Township..... Primary Registration District No. 3016 Registered No. 33
(c) City Washington (d) Street No. St. Francis Hospital Washington, Mo.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 7 mos. 7 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME FLORENCE HENRY MISCHÉ

(a) Residence, No. Warrenton, Mo. St. Warrenton, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Johanna Mische

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 4 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. undertaker
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Hopewell Missouri

FATHER 13. NAME Herman Mische

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Fredrika Bisenberger

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Evelyn Bledsae, St. Louis, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrenton, Mo. DATE Mar 19, 1939

19. FUNERAL DIRECTOR (NAME) Fred W. Eckertberg
(ADDRESS) Marthasville, Mo.

20. FILED Mar. 24 - 1939 St. Mary Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1939 to Mar 24, 1939
I last saw h. alive on Mar 24, 1939 Death is said to have occurred on the date stated above, at 1:15 p.m.
The principal cause of death and related causes of importance were as follows:

Myphoid Toes with Intestinal Hemorrhage
Date of onset Mar 1, 1939

Other contributory causes of importance: Acute myocarditis 1 day

Name of operation none Date of no
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease of injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Hester H. Bekungh, M. D.
(Address) Marthasville, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.